



**GEORGIA MEDICAID FEE-FOR-SERVICE  
OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS PA SUMMARY**

Preferred	Non-Preferred
Bepreve (bepotastine besilate) Cromolyn sodium generic Pazeo (olopatadine 0.7%)	Alocril (nedocromil sodium) Alomide (Iodoxamide tromethamine) Azelastine generic Elestat (epinastine) Emadine (emedastine) Epinastine generic Lastacaft (alcaftadine) Olopatadine 0.1% generic Pataday (olopatadine 0.2%)

**LENGTH OF AUTHORIZATION:** 1 Year

**NOTE:** If generic epinastine is approved, the PA will be issued for brand Elestat.

**PA CRITERIA:**

Alocril, Azelastine, Emadine and Lastacaft

- ❖ Approvable for non-pregnant members that have experienced ineffectiveness, allergies, contraindications, drug-to-drug interactions or intolerable side effects to at least two preferred products.
- ❖ Approvable for pregnant members that have experienced ineffectiveness, allergy, contraindication, drug-drug interaction or intolerable side effect to the preferred product, cromolyn sodium.

Alomide

- ❖ Approvable for members that have experienced ineffectiveness, allergy, contraindication, drug-to-drug interaction or intolerable side effect to the preferred product, cromolyn sodium.

Elestat and Epinastine Generic

- ❖ Approvable for members that have experienced ineffectiveness, allergies, contraindications, drug-to-drug interactions or intolerable side effects to at least two preferred products.

Olopatadine 0.1% Generic and Pataday

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, Pazeo (olopatadine 0.7%), is not appropriate for the member.

**EXCEPTIONS:**

- Exceptions to these conditions of coverage are considered through the prior authorization process.
- The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.



**PREFERRED DRUG LIST:**

- For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

**PA and APPEAL PROCESS:**

- For online access to the PA process, please go to [www.dch.georgia.gov/prior-authorization-process-and-criteria](http://www.dch.georgia.gov/prior-authorization-process-and-criteria) and click on Prior Authorization (PA) Request Process Guide.

**QUANTITY LEVEL LIMITATIONS:**

- For online access to the current Quantity Level Limits (QLL), please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL List.